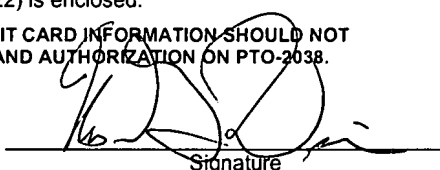




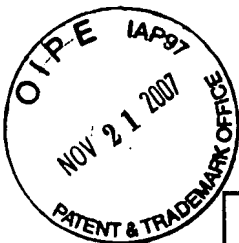
PTO/SB/31 (10-07)  
Approved for use through 10/31/2007. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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|   |  |  |  |
|---|--|--|--|
| <b>NOTICE OF APPEAL FROM THE EXAMINER TO<br/>THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>  |  | <b>Docket Number (Optional)</b><br>31672-224619                                      |  |
| In re Application of<br>Stamm et al.  |  |  |  |
| Application Number<br>10/665,519-Conf. #5826  |  | Filed<br>September 22, 2003  |  |
| For FENOFIBRATE COMPOSITIONS  |  |  |  |
| Art Unit<br>1615  |  | Examiner<br>H. N. Sheikh   |  |
| Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.  |  |  |  |
| The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))   |  | \$ 510.00  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:  |  | \$   |  |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |  |  |  |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |  |  |  |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.                                     |  |  |  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 22-0261. I have enclosed a duplicate copy of this sheet. |  |  |  |
| <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.   |  |  |  |
| <b>WARNING: INFORMATION ON THIS FORM MAY BECOME PUBLIC. CREDIT CARD INFORMATION SHOULD NOT BE INCLUDED ON THIS FORM. PROVIDE CREDIT CARD INFORMATION AND AUTHORIZATION ON PTO-2038.</b>                                   |  |  |  |
| I am the  |  |  |  |
| <input type="checkbox"/> applicant /inventor.   |  | Signature  |  |
| <input type="checkbox"/> assignee of record of the entire interest.<br>See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  |  | Thomas G. Wiseman<br>Typed or printed name   |  |
| <input checked="" type="checkbox"/> attorney or agent of record.<br>Registration number 35,046  |  | (202) 344-4614<br>Telephone number   |  |
| <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34.  |  | November 21, 2007<br>Date  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.                    |  |  |  |
| <input type="checkbox"/> *Total of 1 forms are submitted.   |  |  |  |

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PTO/SB/17 (10-07)  
Approved for use through 06/30/2010. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|   |          |                          |                        |              |
|---|----------|--------------------------|------------------------|--------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b><br><b>FEE TRANSMITTAL</b><br><b>For FY 2008</b> |          | <b>Complete if Known</b> |                        |              |
|   |          | Application Number       | 10/665,519-Conf. #5826 |              |
|   |          | Filing Date              | September 22, 2003     |              |
|   |          | First Named Inventor     | Andre Stamm            |              |
|   |          | Examiner Name            | H. N. Sheikh           |              |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  | Art Unit | 1615                     |                        |              |
| TOTAL AMOUNT OF PAYMENT   | (\$)     | 510.00                   | Attorney Docket No.    | 31672-224619 |

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fees Paid (\$) |
|------------------|----------|--------------|----------|--------------|----------|--------------|----------------|
|                  |          | Fee (\$)     |          | Fee (\$)     |          | Fee (\$)     |                |
| Utility          | 310      | 155          | 510      | 255          | 210      | 105          |                |
| Design           | 210      | 105          | 100      | 50           | 130      | 65           |                |
| Plant            | 210      | 105          | 310      | 155          | 160      | 80           |                |
| Reissue          | 310      | 155          | 510      | 255          | 620      | 310          |                |
| Provisional      | 210      | 105          | 0        | 0            | 0        | 0            |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 210      | 105                   |
| Multiple dependent claims                          | 370      | 185                   |

**Total Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**    **Multiple Dependent Claims**

\_\_\_\_\_ - = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_    **Fee (\$)**    **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**

\_\_\_\_\_ - = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof        | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|---|----------|---------------|
| _____        | _____        | _____ / 50 = _____ (round up to a whole number) x _____ | _____    | _____         |

**4. OTHER FEE(S)**

|   | Fees Paid (\$) |
|---|----------------|
| Non-English Specification, \$130 fee (no small entity discount) |                |
| Other (e.g., late filing surcharge): 1401 Notice of appeal      | 510.00         |

|                     |                   |                                   |                   |
|---------------------|-------------------|-----------------------------------|-------------------|
| <b>SUBMITTED BY</b> |                   |                                   |                   |
| Signature           |                   | Registration No. (Attorney/Agent) | 35,046            |
| Name (Print/Type)   | Thomas G. Wiseman | Telephone                         | (202) 344-4614    |
|                     |                   | Date                              | November 21, 2007 |